DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 22, 1987

ALL COUNTY LETTER NO. 87-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AFDC NOTICES OF ACTION FOR IMPLEMENTATION OF THE FEDERAL LEAST COSTLY

REGULATIONS

REFERENCE: ACL 87-76

ACL number 87-76 informed you of implementation of the Least Costly Regulations, effective June 1, 1987. Attached are reproducible copies of the recipient informing notice (English and Spanish) and Notice of Action (NOA) message language in English which counties must use in notifying applicants or recipients of specific changes due to the new regulations. Also attached are the specific instructions for the use of each message.

We have also included one AFDC NOA Handbook page for each of the English messages. Additional copies will be distributed through the regular Handbook Updating process.

Reproducible copies and Handbook pages of the Spanish, Chinese, Vietnamese, Laotian and Cambodian translations of the message language will be forthcoming.

If you have any questions or need further information, please contact Jim Mullany of the AFDC and Food Stamp Policy Implementation Bureau at (916) 324-2661 or ATSS 454-2661.

ROBERT A. HOREL Deputy Director

Attachments

INSTRUCTIONS FOR COMPLETING NOTICES OF ACTION

The attached reproducible copy of the recipient informing notice (in English and Spanish) and reproducible copies of Notice of Action (NOA) message language in English are to be used in informing applicants/recipients about changes due to the implementation of the Federal Least Costly Regulations.

We have attempted to develop Notice of Action messages for the majority of case situations. However, the messages may not address every possibility. Counties may develop additional messages to meet individual case circumstances following the language pattern established in the state messages.

TEMP 1713/M44-100Bt - Inform; New Rules for Excluded Person and Cash Gifts

Send to all recipients by July 31, 1987. This message can be sent out in any of the following ways:

- With the mailing of the CA 7,
- With the mailing of the warrant, or
- As a separate mailing.

M44-100At - Change; Stop Living Allowance for Excluded Person

THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to change the grant when counting all the income from an excluded person or when deletion of an excluded person's needs from the stepparent or senior parent unit causes the family's net income to change.

Fill in the name of the excluded person.

Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

If the excluded person is:

- An excluded parent with income, use additional Reg. Cite 44-133.31
- Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite 44-133.714

M44-111D - Change; Counting Gift Income

Use to change the grant when a cash gift causes the family's net income to change.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Fill in the amount of the gift that is used in the computation.

M44-207Ft - Suspend; Stop Living Allowance for Excluded Person - 185%

THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to suspend aid when counting all the income from an excluded person or when deletion of an excluded person's needs from the stepparent or senior parent unit causes the family's gross income to exceed the 185% limit for one month.

Fill in the name of the excluded person.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

If the excluded person is:

- An excluded parent with income, use additional Reg. Cite 44-133.31
- Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite 44-133.714

M44-207Gt - Suspend; Stop Living Allowance for Excluded Person -Financial Eligibility

THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to suspend aid when counting all the income from the excluded person or when deletion of an excluded person's needs from the stepparent or senior parent unit causes the family's gross income to exceed MBSAC for one month.

Fill in the name of the excluded person.

Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

- An excluded parent with income, use additional Reg. Cite: 44-133.31
- Excluded from a stepparent unit, use additional Reg. Cite: 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite: 44-133.714

M44-207Ht - Discontinue; Stop Living Allowance For Excluded Person - Financial Eligibility

THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to discontinue aid when counting all the income from an excluded person or when deletion of an excluded person's needs from the stepparent or senior parent unit causes the family's income to exceed MBSAC.

Fill in the name of the excluded person.

Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

If the excluded person is:

- An excluded parent with income, use additional Reg. Cite 44-133.31
- Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite 44-133.714

M44-207It - Discontinue; Stop Living Allowance for Excluded Person - 185%

THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to discontinue aid when counting all the income from an excluded person or when deletion of an excluded person's needs from the stepparent or senior parent causes the family's gross income to exceed the 185% limit.

Fill in the name of the excluded person.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

If the excluded person is:

- An excluded parent with income, use additional Reg. Cite 44-133.31
- Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite 44-133.714

M44-207V - Discontinue; Counting Gift Income - 185%

Use to discontinue aid when:

- an anticipated cash gift will cause the family's gross income to exceed the 185% limit, or
- a reported cash gift causes the family's gross income to exceed the 185% limit and this level of income is expected to continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Fill in the amount of the gift that is used in the computation.

M44-207W - Discontinue; Counting Gift Income - Financial Eligibility

Use to discontinue aid when:

- an anticipated cash gift will cause the family's net income to exceed MBSAC, or
- a reported cash gift causes the family's net income to exceed MBSAC and this level of income is expected to continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Fill in the amount of the gift that is used in the computation.

M44-207X - Suspend; Counting Gift Income - 185%

Use to suspend aid when a reported cash gift causes the family's gross income to exceed the 185% limit for one month and it appears this level of income will not continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

M44-207Y - Suspend; Counting Gift Income - Financial Eligibility

Use to suspend aid when a reported cash gift causes the family's net income to exceed MBSAC for one month and it appears this level of income will not continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

IMPORTANT AFDC NOTICE PLEASE READ

As of June 1, 1987, we have two new AFDC rules.

1. Before, when we figured your cash aid we did not count the first \$60 of your "casual" income every three months. Small cash gifts and money from odd iobs were "casual" income.

Now, we do not count the first \$30 of small cash gifts to each aided family member in a calendar quarter. Calendar quarters are three months long and start with January, April, July and October, Any other "casual" income must now be counted when we figure your cash aid.

You still must report all money you get on your Monthly Report (CA 7).

2. When we figure your cash aid amount, we do not always count all the income from people in your home but not on cash aid.

Now, we must count more of the income of a person in your home who is not aided because they did not do something we asked.

If the person who is not on aid has no income, but someone else in your home does, we may count more of that income than we did.

If you have any questions about the new rules, please call vour worker.

ESTADO DE CALIFORNIA-AGENCIA DE SALUD Y BIENESTAR

DEPARTAMENTO DE SERVICIOS SOCIALES

AVISO IMPORTANTE ACERCA DE LA AFDC POR FAVOR LEALO

reglas de AFDC.

1. Antiquamente cuando calculábamos su asistencia monetaria, no contábamos los primeros \$60 dólares de sus ingresos "casuales" cada tres meses. Regalos pequeños en efectivo y dinero de trabajos ocasionales, eran ingresos "casuales".

Ahora no contamos los primeros \$30 dólares en regalos pequeños en efectivo que se hacen a cada miembro de la familia que recibe asistencia en un trimestre de calendario. Los trimestres de calendario duran tres meses y comienzan en enero, abril, julio y octubre. Cualesquier otros ingresos "casuales" deben ser contados cuando calculemos su asistencia monetaria.

Usted todavía tiene que reportar en su reporte mensual (CA 7), todo el dinero que reciba.

A partir del 1 de junio de 1987, tendremos dos nuevas 2. Cuando calculamos la cantidad de asistencia monetaria de usted, no siempre contamos todos los ingresos de las personas que no reciben asistencia monetaria.

> Ahora tenemos que tomar en cuenta más de los ingresos de una persona que viva en el hogar de usted que no reciba asistencia, porque no hizo algo que le pedimos.

> Si la persona que no recibe asistencia no tiene ingresos, pero alguien más en el hogar de usted los tiene, es posible que contemos más de esos ingresos que los que contábamos antes.

Si tiene preguntas acerca de las nuevas reglas, por favor comuníquese con su trabajador(a).

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Data Case Name Number Worker Name Number Telephone:
NOORESSEE)	Questions? Ask your Worker.
L. -	State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
As of, the County is changing your cash aid from	Monthly Cash Aid Amount
fere's why:	
our family's income has changed.	Your Countable Income in (MONTH)
We told you before that cash aid would stop for While this person was off aid, we did not count the amount of their living allowance when we counted your income. The rule has changed. Now we must count this person's living allowance. Also, we cannot give this person the standard Work Expense Disregard or the Dependent Care Disregard from earned	Total Earned Income \$
income while off aid.	Court Ordered Support Paid
When we count this extra money, your income changes and your cash aid amount also changes.	Net Countable Income =
Your new cash aid amount is figured on this notice.	Your Cash Aid in (MONTH)
	Basic Aid for Persons \$ Special Needs + Subtotal = Net Countable Income Cash Aid Subtotal = Overpayment adjustment (separate page) Monthly Cash Aid Amount \$

Rules: These rules apply; you may review them at your welfare

office: MPP 44-100

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

DORESSEE)	Notice Date Case Name Number Worker Name Number Telephone Address Questions? Ask your Worker.
' 	State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.
as of, the County is changing your cash aid from to \$	Monthly Cash Aid Amount
fere's why:	8 % 1
our family's income has changed.	Your Countable Income in (MONTH)
got a gift of \$ The rule is that we do not count the first \$30 of cash gifts each person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter. We must count \$ of the gift when we figure your eash aid.	Total Earned Income Work Expense Disregard Dependent Care Disregard \$30 Disregard \$30 and 1/3 Disregard Other Countable Income (list sources)
When your income changes, your cash aid amount also changes.	* · · · · · · · · · · · · · · · · · · ·
	+
our new cash aid amount is figured on this notice.	Court Ordered Support Paid
	Your Cash Aid in
	Basic Aid for Persons \$ Special Needs + Subtotal = Net Countable Income Cash Aid Subtotal = Overpayment adjustment (separate page) Monthly Cash Aid Amount \$

Rules: These rules apply; you may review them at your welfare

office. MPP 44-111.44, 44-100

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

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	Number		
	Telephone :		
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he County is stopping your cash aid for the month of	Family G	Gross Income in	(MONTH)
fere's why:			_ \$ _ +
ou can't get cash aid if your family's monthly gross income is nore than 185% of the basic need standard set by the State plus my special needs. Your gross income was more than 185% of	Total	Gross Income	+
our needs for only one month so your cash aid will stop for only one month.	Family N	leeds in	(MONTH)
Ve told you before that cash aid would stop for While this person was off aid, we did not count the	5363366	Need for Persons al Needs	\$
mount of their living allowance when we counted your income.		Needs	
he rule has changed. Now we must count this person's living llowance.		of Needs	× <u>1.85</u>
When we count this extra money, your income goes over the limit and your cash aid must stop.			
ou must turn in your Monthly Report (CA 7) in the month you are not aided.			
you are eligible, your cash aid will begin again ou do not need to reapply.			

Rules: These rules apply; you may review them at your welfare

You will get another notice about your Medi-Cal.

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case		
	Name		
	Number Worker Name		
	Number		
	Telephone		
	Address	:	
(ADDRESSEE)		Questions? Ask your Worker.	
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	1	State Hearing: If you think the you can ask for a hearing. The	
		tells how. Your benefits may	not be changed if
		you ask for a hearing before	this action takes
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	A1 C	N	
The County is stopping your cash aid for the month of	Net U	Countable Income Total Earned Income	¢
**************************************		Work Expense Disregard	-
Here's why:		Dependent Care Disregard	_
You can't get cash aid if your family's net countable income is		\$30 Disregard	_
more than the need standard set by the State. Your income was		\$30 and 1/3 Disregard	
more than your needs for only one month so your cash aid will		Other Countable Income (list sources)	
stop for only one month.			+
		Marie 2000 Control Con	+
We told you before that cash aid would stop for While this person was off aid, we did not count the		MANAGEMENT AND ADDRESS OF THE PARTY OF THE P	+
amount of their living allowance when we counted your income.		Child Support Collected by the County	<i>(</i>
		(financial eligibility only).	+
The rule has changed. Now we must count this person's living	(4)	Court Ordered Support Paid Net Countable Income	=
allowance.	(A)	Net Countable Income	
Also, we cannot give this person the standard Work Expense	Famil	ly Needs	
Disregard or the Dependent Care Disregard from earned		Basic Need for Persons	\$
income while off aid.		Special Needs	+
When we count this extra money, your income goes over the limit	(B)	Family Needs	=
and your cash aid must stop.			
	8.66	Lump Sum Ineligibility	
You must turn in your Monthly Report (CA 7) in the month you are not aided.	Q1033	Your net countable income (A) divided	
		by your family needs (B) equals the	
If you are eligible, your cash aid will begin again	200000	number of ineligible months: There is a remainder of	<u> </u>
You do not need to reapply.	53484	It counts against your grant in	V
Your family's needs and income are figured on this notice.		a courts against your grant in	(MONTH)
		You are not financially eligible in	(AAOAIT)
	- 423 - 1313	•	(MONTH)
	- 33 - 31.		
You will get another notice about your Medi-Cal.	**************************************		
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Rules: These rules apply; you may review them at your welfare	8 88	•	

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case Name		
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	Number Telephone		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
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(ADDRESSEE)		Questions? Ask your Worker.	
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L_		State Hearing: If you think the you can ask for a hearing. The tells how. Your benefits may you ask for a hearing before place.	back of this page not be charged if
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	j.		
As of, the County is stopping your cash aid.	Net (Countable Income	
Here's why:	ě.	Total Earned Income	\$
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You can't get cash aid if your family's countable income is more		Dependent Care Disregard	<u></u>
than the need standard set by the state.		\$30 Disregard \$30 and 1/3 Disregard	
We told you before that cash aid would stop for		Other Countable Income (list sources)	***
			+
amount of their living allowance when we counted your income.			+
The rule has changed. Now we must count this person's living			+
allowance.	500 500 500 500 500 500 500	Child Support Collected by the County	/
Also, we cannot give this person the standard Work Expense		(financial eligibility only).	+
Disregard or Dependent Care Disregard from earned income	(4)	Court Ordered Support Paid Net Countable Income	
while off aid.	(A)	Net Countable Income	
When we count this extra money, your income goes over the limit	Fami	ily Needs	
and your cash aid must stop.		Basic Need for Persons	\$
		Special Needs	+
Your family's needs and income are figured on this notice.	(B)	Family Needs	=
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	Ш	Lump Sum Ineligibility Your net countable income (A) divided	
		by your family needs (B) equals the	
		number of ineligible months:	
		There is a remainder of	\$
	9 4 11	It counts against your grant in	#404Ft21
			(MONTH)
	т		
	Ц	You are not financially eligible in	(MONTH)
You will get another notice about your Medi-Cal.			
Rules: These rules apply; you may review them at your welfare			

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Nobce Date Case Name Number Worker Name Number Telephone		
DORESSEE)	7	Questions? Ask your Work	er.
<u>L</u>		State Hearing: If you the you can ask for a hearing tells how. Your benefits you ask for a hearing the place.	g. The back of this page may not be changed if
ere's why: ou can't get cash aid if your family's gross income is more than 85 percent of the basic need standard set by the State plus any pecial needs. We told you before that cash aid would stop for	Total Family Basic Spec	Gross Income Gross Income Needs in Need for Persons ial Needs Needs of Needs	(MONTH) \$

You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date : Case Case Name Number Worker Name Number Telaphone :	
(ADDRESSEE)	Questions? Ask your Worker	r.
_ _	State Hearing: If you thin you can ask for a hearing. tells how. Your benefits n you ask for a hearing be place.	The back of this page ray not be changed i
As of, the County is stopping your cash aid.	Family Gross Income in	(MONTH)
Here's why:		\$
You can't get cash aid if your family's gross income is more than 185% of the basic need standard set by the state plus any special needs.	Total Gross Income	+ + + + + + + + + + + + + + + + + + + +
got a gift of \$ The rule is that we do not count the first \$30 of cash gifts each aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.	Family Needs in Basic Need for Persons	(MONTH)
We must count \$ of the gift when we figure your cash aid.	Special Needs Total Needs	+
Your family's needs and income are figured on this notice.	185% of Needs	× <u>1.85</u>
·		
You will get another notice about your Medi-Cal.		

office: MPP 44-207.21, 44-111.44

Rules: These rules apply; you may review them at your welfare

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place. As of, the County is stopping your cesh aid. Here's why: You can't get cash aid when your family's net countable income is more than the need standard set by the state got a gift of \$	(ADDRESSEE)	Notice Date Case Name Number Worker Name Number Telephone Address	Questions? Ask your Worker.	
Here's why: You can't get cash aid when your family's net countable income is more than the need standard set by the state. got a gift of \$			you can ask for a hearing. The tells how. Your benefits may you ask for a hearing before	back of this page not be changed if
	You can't get cash aid when your family's net countable income is more than the need standard set by the state. got a gift of \$ The rule is that we do not count the first \$30 of cash gifts each aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter. We must count \$ of the gift when we figure your cash aid. Your family's needs and income are figured on this notice.	(A) Famili (B)	Total Earned Income Work Expense Disregard Dependent Care Disregard \$30 Disregard \$30 and 1/3 Disregard Other Countable Income (list sources) Child Support Collected by the County (financial eligibility only). Court Ordered Support Paid Net Countable Income y Needs Basic Need for Persons Special Needs Family Needs Lump Sum Ineligibility Your net countable income (A) divided by your family needs (B) equals the number of ineligible months: There is a remainder of It counts against your grant in	\$\$ (MONTH)
office: MPP 44-207.31, 44-111.44	Rules: These rules apply; you may review them at your welfare			

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date : _ Case, Name _ Number _ Vorker Name _ Number _ Talephone : _ Address :		
DORESSEE)		Questions? Ask your Worker	r.
		State Hearing: If you thin you can ask for a hearing. tells how. Your benefits n you ask for a hearing be place.	The back of this page nay not be chafiged if
he County is stopping your cash aid for the month of lere's why: You can't get cash aid if your family's monthly gross income is	Family (Gross Income in	(MONTH) \$
nore than 185% of the basic need standard set by the State plus ny special needs. Your gross income was more than your needs or only one month so your cash aid will stop for only one month.		Gross Income Needs in	(MONTH)
the rule is that we do not count the first \$30 of cash gifts each ided person gets during each calendar quarter. This person's ash gifts are over the limit for this quarter.	Spec	Need for Persons ial Needs Needs	\$ +
Ve must count \$ of the gift when we figure your ash aid.	185%	% of Needs	× <u>1.85</u>
ou must turn in your Monthly Report (CA7) in the month you are not aided.			
f you are eligible, your cash aid will begin again You do not need to reapply.			
You may be able to get a Reduced Income Supplemental payment or the month you are not on cash aid. Call your worker and ask or a Reduced Income Supplemental Request form, CA 40.			

You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare

office: MPP 44-207.21, 44-111.44

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date Case		***************************************
•	Name Number		
	Worker Name		· · · · · · · · · · · · · · · · · · ·
	Number		
	Telephone		
	Address		
(ADDRESSEE)			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Questions? Ask your Worker.	
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,	,	State Hearing: If you think this act you can ask for a hearing. The back	on is wrong,
		tells how. Your benefits may not b	
		you ask for a hearing before this	
majoran.	99	place.	
		•	
The County is stopping your cash aid for the month of	Net C	Countable Income	
Address of the Control of the Contro		Total Earned Income \$	
Here's why:		Work Expense Disregard Dependent Care Disregard	
You can't get each aid if your family's not countable income is		\$30 Disregard	
You can't get cash aid if your family's net countable income is more than the need standard set by the State. Your income was		\$30 and 1/3 Disregard	
more than your needs for only one month so your cash aid will		Other Countable Income (list sources)	
stop for only one month.		+	
		++	
got a gift of \$	33.5533 3.5533 3.5533 4.5533	+	
The rule is that we do not count the first \$30 of cash gifts each		Child Support Collected by the County	
aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.	8.00000	(financial eligibility only). +	
	95,838	Court Ordered Support Paid	
We must count \$ of the gift when we figure your	(A)	Net Countable Income =	*
cash aid.	F11	l. Manda	
You must turn in your Monthly Report (CA7) in the month you are	ramıı	y Needs Basic Need for Persons \$	
not aided.		Special Needs +	
Marin and the ball and a second and will be a in a going	(B)	Family Needs =	
If you are eligible, your cash aid will begin again You do not need to reapply.	(-/		
Tou do not need to reappiy.		Lump Sum Ineligibility	
Your family's needs and income are figured on this notice.	8.3463	Your net countable income (A) divided	
You may be able to get a Reduced Income Supplemental payment		by your family needs (B) equals the	
for the month you are not on cash aid. Call your worker and ask	9.000	number of ineligible months:	
for a Reduced Income Supplemental Request form, CA 40.	86865	There is a remainder of \$	
		It counts against your grant in	(MONTH)
		You are not financially eligible in	
		Tou are not intancially engine in	(MONTH)
		, , , , , , , , , , , , , , , , , , ,	
You will get another notice about your Medi-Cal.			
Tou will get another flotice about your intedi-cal.			
Rules: These rules apply; you may review them at your welfare			

office: MPP 44-207.31, 44-111.44

Manual 3. No.: M44-100At
Action : Change
Reason: Income Eligibility
Title: Stop Living Allowance
for Excluded Person

Auto ID No. : Flow Chart No. :

Source : Least Costly Regulation Cite: 44-100, **

Form No. : NA 200
Effective Date : 06/01/87
Revision Date : 06/01/87

MESSA	GE:	As	o f		 the	County	is	changing	your	cash	aid
from	\$	t	0	\$ _•							

Here's why:

Your family's income has changed.

We told you before that cash aid would stop for ______. While this person was off aid, we did not count the amount of their living allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

Also, we cannot give this person the standard Work Expense Disregard or the Dependent Care Disregard from earned income while off aid.

When we count this extra money, your income changes and your cash aid amount also changes.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: NOTE: THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to change the grant when counting all the excluded person's income or when not including an excluded person in the senior or stepparent unit causes a change in the family's net income.

Fill in the name of the excluded person.

Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

- An excluded parent with income, use additional Reg. Cite: 44-133.31
- Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite 44-133.7

Manual N. No.: M44-100Bt Action : Inform

Reason: Income

Title: New rules for Excluded Person & Cash Gifts

rerson & cash Gi

Form No. :

Effective Date: 06/01/87 Revision Date: 06/01/87

Auto ID No. : Flow Chart No. :

Source : Least Costly

Regulation Cite:

MESSAGE: As of June 1, 1987, we have two new AFDC rules.

1. Before, when we figured your cash aid we did not count the first \$60 of your "casual" income every three months. Small cash gifts and money from odd jobs were "casual" income.

Now, we do not count the first \$30 of small cash gifts to each aided family member in a calendar quarter. Calendar quarters are three months long and start with January, April, July and October. Any other "casual" income must now be counted when we figure your cash aid.

You still must report all money you get on your Monthly Report (CA 7).

2. When we figure your cash aid amount, we do not always count all the income from people in your home but not on cash aid.

Now, we must count more of the income of a person in your home who is not aided because they did not do something we asked.

If the person who is not on aid has no income, but someone else in your home does, we may count more of that income than we did.

If you have any questions about the new rules, please call your worker.

INSTRUCTIONS: NOTE: THIS IS A TEMPORARY MESSAGE. Use only to notify current cases of the changes in the deemed income and casual income rules.

Send to all recipients by July 31, 1987.

This message can be sent out in any of the following ways:

- With the mailing of the CA 7,
- With the mailing of the warrant, or
- As a separate mailing.

This message was released to counties as number Temp 1713/M44-100Bt.

Manual M.o. No.: M44-111D

Action : Change

Reason: Income Eligibility

Title: Counting Gift Income

Auto ID No. : Flow Chart No. :

Source : Least Costly

Regulation Cite: 44-111.44, 44-100

Form No. : NA 200 Effective Date : 06/01/87 Revision Date : 06/01/87

MESSAGE: As of _______, the County is changing your cash aid from \$______, to \$_____.

Here's why:

Your family's income has changed.

_______ got a gift of \$_____. The rule is that we do not count the first \$30 of cash gifts each person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.

We must count \$_____ of the gift when we figure your cash aid.

When your income changes, your cash aid amount also changes.

INSTRUCTIONS: Use to change the grant when a cash gift causes the family's net income to change.

Fill in the name of the person who received the cash gift.

Your new cash aid amount is figured on this notice.

Fill in the amount of the cash gift.

Manual N . No.: M44-207Ft
Action : Suspend
Reason: Income Eligibility
Title: Stop Living Allowance
for Excluded Person, 185%

Form No. : NA 211
Effective Date : 06/01/87
Revision Date : 06/01/87

Auto ID No. : Flow Chart No. :

Source : Least Costly Regulation Cite: 44-207.21, **

MESSAGE: The County is stopping your cash aid for the month of

Here's why:

You can't get cash aid if your family's monthly gross income is more than 185% of the basic need standard set by the State plus any special needs. Your gross income was more than 185% your needs for only one month so your cash aid will stop for only one month.

We told you before that cash aid would stop for ______. While this person was off aid, we did not count the amount of their living allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

When we count this extra money, your income goes over the limit and your cash aid must stop.

You must turn in your Monthly Report (CA7) in the month you are not aided.

If you are eligible, your cash aid will begin again _____. You do not need to reapply.

INSTRUCTIONS: NOTE: THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to suspend aid when counting all the excluded person's income or when not including the excluded member in the senior or stepparent unit causes the family's gross income to exceed 185% for only one month.

Fill in the name of the excluded person. Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

- **If the excluded person is:
- -An excluded parent with income, use additional Reg. Cite 44-133.31
- -Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- -Excluded from a senior parent unit, use additional Reg. Cite 44-133.714

Auto ID No. :
Flow Chart No. :
Source : Least Costly

Regulation Cite: 44-207.31, **

Manual Mag. No.: M44-207Gt, 10f2
Action : Suspend
Reason: Income Eligibility

Title: Stop Living Allowance for Excluded Person, F.E. Form No. : NA 210

Effective Date : 06/01/87 Revision Date : 06/01/87

MESSAGE: The County is stopping your cash aid for the month of

Here's why:

You can't get cash aid if your family's net countable income is more than the need standard set by the State. Your income was more than your needs for only one month so your cash aid will stop for only one month.

We told you before that cash aid would stop for ______. While this person was off aid, we did not count the amount of their living allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

Also, we cannot give this person the standard Work Expense Disregard or the Dependent Care Disregard from earned income while off aid.

When we count this extra money, your income goes over the limit and your cash aid must stop.

You must turn in your Monthly Report (CA7) in the month you are not aided.

If you are eligible, your cash aid will begin again _____.
You do not need to reapply.

Your family's needs and income are figured on this notice.

Auto ID No. : Flow Chart No. :

Source : Least Costly Regulation Cite: 44-207.31, ** Manual M , No.: M44-207Gt, 2of2

Action : Suspend Reason: Income Eligibility Title: Stop Living Allowance for Excluded Person, F.E.

Form No. : NA 210 Effective Date: 06/01/87 Revision Date : 06/01/87

INSTRUCTIONS: NOTE: THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to suspend aid when counting all the excluded person's income or when not including an excluded person in the senior or stepparent unit causes the family's gross income to exceed MBSAC for only one month.

Fill in the name of the excluded person.

Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

- -An excluded parent with income, use additional Reg.
- Cite: 44-133.31
- -Excluded from a stepparent unit, use additional Reg. Cite:
- -Excluded from a senior parent unit, use additional Reg Cite: 44-133.714

Manual M . No.: M44-207Ht
Action : Discontinue
Reason: Income Eligibility
Title: Stop Living Allowance
for Excluded Person, F.E.

Form No. : NA 210
Effective Date : 06/01/87
Revision Date : 06/01/87

Auto ID No. : Flow Chart No. :

Source : Least Costly Regulation Cite: 44-207.31, **

MESSAGE: As of _____, the County is stopping your cash aid.
Here's why:

You can't get cash aid if your family's countable income is more than the need standard set by the state.

We told you before that cash aid would stop for ______. While this person was off aid, we did not count the amount of their living allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

Also, we cannot give this person the standard Work Expense Disregard or the Dependent Care Disregard from earned income while off aid.

When we count this extra money, your income goes over the limit and your cash aid must stop.

Your family's needs and income are figured on this notice.

INSTRUCTIONS: NOTE: THIS IS A TEMPORARY MESSAGE. Use only to notify current exluded person cases of the change in the deemed income rules.

Use to discontinue aid when counting all the excluded person's income or when not including an excluded person in the senior or stepparent unit causes the family's income to exceed MBSAC.

Fill in the name of the excluded person. Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

- An excluded parent with income, use additional Reg. Cite: 44-133.31.
- Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite 44-133.714

Manual M. No.: M44-207It
Action : Discontinue
Reason: Income Eligibility
Title: Stop Living Allowance
for Excluded Person, 185%

Form No. : NA 211
Effective Date : 06/01/87
Revision Date : 06/01/87

Auto ID No. : Flow Chart No. :

Source : Least Costly Regulation Cite: 44-207.21, **

MESSAGE: As of ______, the County is stopping your cash aid.

Here's why:

You can't get cash aid if your family's gross income is more than 185% of the basic need standard set by the State plus any special needs.

We told you before that cash aid would stop for _____. While this person was off aid, we did not count the amount of their living allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

When we count this extra money, your income goes over the limit and your cash aid must stop.

Your family's needs and income are figured on this notice.

INSTRUCTIONS: NOTE: THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases o the change in the deemed income rules.

Use to discontinue aid when counting all the excluded person's income or when not including an excluded person in the senior or stepparent unit causes the family's gross income to exceed the 185% limit.

Fill in the name of the excluded person.

Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an the excluded person's income is used.

- An excluded parent with income, use additional Reg. Cite: 44-133.31.
- Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite 44-133.714

Manual Ms. No.: M44-207V Action : Discontinue Reason: Income Eligibility Title: Counting Gift Income, 185% Test

Auto ID No. : Flow Chart No. :

: NA 211 Form No. Effective Date: 06/01/87 Revision Date : 06/01/87

Source : Least Costly

Regulation Cite: 44-207.21, 44-111.44

MESSAGE: As of _____, the County is stopping your cash aid. Here's why: You can't get cash aid if your family's gross income is more than 185% of the basic need standard set by the state plus any special needs. got a gift of \$. The rule is that we do not count the first \$30 of cash gifts each aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter. We must count \$____ of the gift when we figure your cash aid. Your family's needs and income are figured on this notice.

INSTRUCTIONS: Use to discontinue aid when:

- an anticipated cash gift will cause the family's gross income to exceed the 185% limit, or
- a reported cash gift causes the family's gross income to exceed the 185% limit and this level of income is expected to continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Manual M. . No.: M44-207W
Action : Discontinue
Reason: Income Eligibility
Title: Counting Gift Income,
Financial Eligibility

Form No. : NA 210 Effective Date : 06/01/87 Revision Date : 06/01/87

Auto ID No. : Flow Chart No. :

Source : Least Costly

Regulation Cite: 44-207.31, 44-111.44

MESSAGE: As of ______, the County is stopping your cash aid.

Here's why:

You can't get cash aid when your family's net countable income is more than the need standard set by the state.

got a gift of \$ ____. The rule is that we do not count the first \$30 of cash gifts each aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.

We must count \$ of the gift when we figure your cash aid.

Your family's needs and income are figured on this notice.

INSTRUCTIONS: Use to discontinue aid when:

- An anticipated cash gift will cause the family's net income to exceed MBSAC. or
- a reported cash gift causes the family's net income to exceed MBSAC and this level of income is expected to continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Manual . . No.: M44-207X
Action : Suspend
Reason: Income Eligibility
Title: Counting Gift Income,
185%

Auto ID No. : Flow Chart No. :

Source : Least Costly Revis

Regulation Cite: 44-207.21, 44-111.44

Form No. : NA 211 Effective Date : 06/01/87 Revision Date : 06/01/87

MESSAGE: The County is stopping your cash aid for the month of

Here's why:

You can't get cash aid if your family's monthly gross income is more than 185% of the basic need standard set by the State plus any special needs. Your gross income was more than your needs for only one month so your cash aid will stop for only one month.

got a gift of \$. The rule is that we do not count the first \$30 of cash gifts each aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.

We must count \$ ___ of the gift when we figure your cash aid.

You must turn in your Monthly Report (CA 7) in the month you are not aided.

If you are eligible, your cash aid will begin again _____.
You do not need to reapply.

You may be able to get a Reduced Income Supplemental payment for the month you are not on cash aid. Call your worker and ask for a Reduced Income Supplemental Request form, CA 40.

INSTRUCTIONS: Use to suspend aid when a reported cash gift causes the family's gross income to exceed the 185% limit for one month and it appears this level of income will not continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Manual wag. No.: M44-207Y Action : Suspend Reason: Income Eligibility Title: Counting Gift Income, Financial Eligibility

Auto ID No. : Flow Chart No. :

: NA 210 Effective Date: 06/01/87

Source : Least Costly

Revision Date : 06/01/87

Regulation Cite: 44-207.31, 44-111.44

MESSAGE: The County is stopping your cash aid for the month of

Here's why:

You can't get cash aid if your family's net countable income is more than the need standard set by the State. Your income was more than your needs for only one month so your cash aid will stop for only one month.

got a gift of \$____. The rule is that we do not count the first \$30 of cash gifts each aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.

We must count \$____ of the gift when we figure your cash aid.

You must turn in your Monthly Report (CA 7) in the month you are not aided.

If you are eligibile, your cash aid will begin again _____. You do not need to reapply.

Your family's needs and income are figured on this notice.

You may be able to get a Reduced Income Supplemental payment for the month you are not on cash aid. Call your worker and ask for a Reduced Income Supplemental Request form, CA 40.

INSTRUCTIONS: Use to suspend aid when a reported cash gift causes the family's net income to exceed MBSAC for one month and it appears this level of income will not continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.